

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| | |
|--------------------------------------|--|
| WELL API NO. | 300252220400 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | NMJ-540 |
| 7. Lease Name or Unit Agreement Name | EATON SW J.H. |
| 8. Well No. | 10 |
| 9. Pool name or Wildcat | Justis Blinbry/Tubb Drkd |

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| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator ARCO Oil and Gas Company | |
| 3. Address of Operator P.O. Box 1710, Hobbs, NM 88240 | |
| 4. Well Location Unit Letter <u>N</u> : <u>500</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>25S</u> Range <u>37E</u> NMPM Lea County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3090.8' GR | |

| | |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TA & HOLD WELL BORE FOR SECONDARY RECOVERY

1. NOTIFY NMCD 24 HRS PRIOR TO TESTING CIBP
2. MIRU, INSTALL BOP
3. GIH W/TBG OR WL SET CIBP TO ISOLATE TUBB DRINKARD (DHC 322)
4. SET SECOND CIBP MAXIMUM 100' ABOVE EXISTING PERFS
5. POH W/1 JT & CIRC A TREATED 8.6# BRINE
6. WHEN CIRC IS ESTABLISHED W/TREATED FLUID AT SURFACE, TEST CIBP TO ⁵⁰⁰300# AND CUT CHART
7. POH, LAYING DOWN - LEAVE 1 JT HANGING ON BONNETT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kellie D. Murrish for JWC TITLE Administrative Supervisor DATE 06/12/91
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 392-1621

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: